

ANNUAL STATEMENT

For the Year Ending December 31, 2009 OF THE CONDITION AND AFFAIRS OF THE

McLAREN HEALTH PLAN, INC

NAIC Group Code	0000 (Current Period)	, 0000 (Prior Perio	od)	NAIC Com	pany Code _	95848	Employer's ID Number	383383640
Organized under the Laws o	f	Michigan		_ 1	State of Dom	icile or Port of Entr	yN	/lichigan
Country of Domicile		United States of Ameri	ca					
Licensed as business type:	Life, Accident & Dental Service (Other[]			asualty[] vice Corporation derally Qualifi		Health	al, Medical & Dental Service or I Maintenance Organization[X]	ndemnity[]
Incorporated/Organized		09/12/1997			Comm	enced Business _	08/01/19	998
Statutory Home Office	G-3245 Beech					FLINT, MI 48532		
Main Administrative Office (Street and Number)						Beecher Rd.	(City or Town, State and Zip Co	ode)
		FLINT, MI 48532			(Street a	nd Number)	(810)733-9723	
	(City or	own, State and Zip Code)					(Area Code) (Telephone N	umber)
Mail Address		G-3245 Beech					FLINT, MI 48532	.da\
Primary Location of Books a	nd Records	(Street and Number of	or P.O. Box)		G-:	3245 Beecher Rd.	(City or Town, State and Zip Co	ode)
	_	LINT, MI 48532			(\$	Street and Number)	(810)733-9723	
		own, State and Zip Code)			_		(Area Code) (Telephone N	umber)
Internet Website Address		www.mclarenh	ealthplan.org					·
Statutory Statement Contact		CHERYL W					(810)733-9723	
	chei	(Nan ylwe@mclaren.org	ne)				(Area Code)(Telephone Number (810)733-9652)(Extension)
		(E-Mail Address)					(Fax Number)	
				OFFICE	RS			
			Na	ame	Title			
			KATHY KEN		President			
			TOM DONAL	LDSON	Chairman Secretary			
			DAVE MAZU	JRKIEWICZ	Treasurer	#		
				OTHER	RS			
		CAROL SOLOMON, C	hief Financial	Officer				
		· · · · · · · · · · · · · · · · · · ·	DIRECT	ORS OR	TRUST	EES		
		KATHY KENDALL TOM DONALDSON KEVIN TOMPKINS PATRICK HAYES #				DON KOOY RONALD SHAI DENNIS LAFO DAVE MAZURI	REST	
	higan	00						
,		SS						
vere the absolute property of the s	said reporting entity, fr	ee and clear from any liens	or claims thereo	n, except as her	ein stated, and	that this statement, to	reporting period stated above, all of t gether with related exhibits, schedule of the reporting period stated above,	s and explanations therein
							es and Procedures manual except to	
, , , , , ,		, ,		٥.		•	of their information, knowledge and b	
electronic filing) of the enclosed st	•			_	-		that is an exact copy (except for form.	alling differences due to
	(0:			(0)	,		(0)	
	(Signature) HY KENDALL		D	Signature) AVE MAZURK			(Signature) CAROL SOLON	4ON
	rinted Name)			(Printed Nar			(Printed Name	
	1. Danaistanat			2. T	_		3.	N#:
	President (Title)			Treasure (Title)	ei .		Chief Financial C (Title)	лисег
Subscribed and sworn day of	to before me this	, 2010	a. Is this ar	n original filing 1. State the	? amendment	number	Yes[X] No[I
			-,	2. Date filed				_

(Notary Public Signature)

ASSETS

	A3	SEIS			
		4	Current Year	3	Prior Year
		1	2	Net Admitted	4
			Nonadmitted	Assets	Net Admitted
		Assets	Assets	(Cols.1-2)	Assets
1.	Bonds (Schedule D)			, , ,	
2.	Stocks (Schedule D)				
	2.1 Preferred stocks				
	2.2 Common Stocks				
3.	Mortgage loans on real estate (Schedule B):	0,370,427		0,203,700	1,230,334
J.					
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
	4.1 Properties occupied by the company (less \$0				
	encumbrances)	3,152,449		3,152,449	2,642,756
	4.2 Properties held for the production of income (less \$0				
	encumbrances)				
	4.3 Properties held for sale (less \$0 encumbrances)				
5.	Cash (\$92,118,871 Schedule E Part 1), cash equivalents				
	(\$0 Schedule E Part 2) and short-term investments				
	(\$1,216,261 Schedule DA)	93.335.132		93.335.132	74.539.264
6.	Contract loans (including \$0 premium notes)				
7.	Other invested assets (Schedule BA)				
	· · · · · · · · · · · · · · · · · · ·				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)				
11.	Title plants less \$0 charged off (for Title insurers only)				
12.	Investment income due and accrued	18,598		18,598	120,834
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of				
	collection	421,837		421,837	161,000
	13.2 Deferred premiums, agents' balances and installments booked			,	·
	but deferred and not yet due (Including \$0 earned but				
	unbilled premiums)				
	• •				
	·				
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers				
	14.2 Funds held by or deposited with reinsured companies				
	14.3 Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans				
16.1	Current federal and foreign income tax recoverable and interest thereon	l			
16.2	Net deferred tax asset				
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software				
19.	Furniture and equipment, including health care delivery assets	120,000			
13.	(\$)	422.077	122.077		
00	·				
20.	Net adjustment in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates				
22.	Health care (\$3,905,178) and other amounts receivable				1,979,312
23.	Aggregate write-ins for other than invested assets				
24.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 10 to 23)	111,226,882	942,113	110,284,769	88,061,002
25.	From Separate Accounts, Segregated Accounts and Protected Cell				
	Accounts				
26.	Total (Lines 24 and 25)	111 226 882	942 113	110 284 769	88 061 002
	AILS OF WRITE-INS	111,220,002		110,201,100	
	. INTANGIBLE ASSET - PHP	109,749	109,749		
0902.	. INVENTORY	15,526	15,526		
	. DEFERRED CHARGES EQUIP FEES	· ·	· ·		
0998	Summary of remaining write-ins for Line 9 from overflow page				
	. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)	450,211	364,247	85,964	50,722
0999.					
0999. 2301.					
0999. 2301. 2302.					
0999. 2301. 2302. 2303.					

LIABILITIES, CAPITAL AND SURPLUS

			Current Year		Prior Year	
		1 Covered	2 Uncovered	3 Total	4 Total	
1	Claims unpaid (less \$0 reinsurance ceded)					
1.	Accrued medical incentive pool and bonus amounts					
2. 2	·	1				
3.	Unpaid claims adjustment expenses					
4. -	Aggregate health policy reserves					
5.	Aggregate life policy reserves					
6.	Property/casualty unearned premium reserves	1				
7.	Aggregate health claim reserves					
8.	Premiums received in advance			· ·		
9.	General expenses due or accrued			1,972,668	1,453,390	
10.1	Current federal and foreign income tax payable and interest thereon (including \$	0				
	on realized capital gains (losses))					
10.2	Net deferred tax liability					
11.	Ceded reinsurance premiums payable					
12.	Amounts withheld or retained for the account of others	49,737		49,737	25,725	
13.	Remittances and items not allocated					
14.	Borrowed money (including \$0 current) and interest thereon \$0					
	(including \$0 current)					
15.	Amounts due to parent, subsidiaries and affiliates	1				
16.	Payable for securities					
17.	Funds held under reinsurance treaties with (\$0 authorized reinsurers and					
	\$0 unauthorized reinsurers)					
18.	Reinsurance in unauthorized companies					
10. 19.	Net adjustments in assets and liabilities due to foreign exchange rates					
	•					
20.	Liability for amounts held under uninsured plans					
21.	Aggregate write-ins for other liabilities (including \$0 current)					
22.	TOTAL Liabilities (Lines 1 to 21)	_ I				
23.	Aggregate write-ins for special surplus funds					
24.	Common capital stock	1				
25.	Preferred capital stock					
26.	Gross paid in and contributed surplus	X X X	X X X	1,140,000	1,140,000	
27.	Surplus notes	X X X	X X X			
28.	Aggregate write-ins for other than special surplus funds	X X X	X X X			
29.	Unassigned funds (surplus)	x x x	X X X	68,682,552	55,813,641	
30.	Less treasury stock, at cost:					
	30.10 shares common (value included in Line 24 \$	x x x	X X X			
	30.20 shares preferred (value included in Line 25 \$	_ I				
31.	TOTAL Capital and Surplus (Lines 23 to 29 minus Line 30)			69,822,552		
32.	TOTAL Liabilities, Capital and Surplus (Lines 22 and 31)			110,284,769		
	LS OF WRITE-INS			110,201,100	00,001,002	
2101.	PAYABLE FOR QAAP					
2102.	ACCRUED PENSION					
2103. 2198.	Summary of remaining write-ins for Line 21 from overflow page					
2199.	TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above)				1,390,270	
2301.			X X X			
2302.						
2303. 2398.	Summany of remaining write ins for Line 23 from overflow page					
2398. 2399.	Summary of remaining write-ins for Line 23 from overflow page TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)					
2801.	TOTALS (Lines 2001 tillough 2000 plus 2000) (Line 20 above)	242424	X X X			
2802.		x x x	X X X			
2803.						
2898. 2899.	Summary of remaining write-ins for Line 28 from overflow page TOTALS (Lines 2801 through 2803 plus 2898) (Line 28 above)					

STATEMENT OF REVENUE AND EXPENSES

		Currer	Prior Year	
		1 Uncovered	2 Total	3 Total
1.	Member Months	X X X	949,132	799,137
2.	Net premium income (including \$0 non-health premium income)	x x x	270,892,395	205,249,824
3.	Change in unearned premium reserves and reserve for rate credits			
4.	Fee-for-service (net of \$ 0 medical expenses)			
5.	Risk revenue			
6.	Aggregate write-ins for other health care related revenues	x x x	(4,125,406)	(12,276,619)
7.	Aggregate write-ins for other non-health revenues		(' ' ' '	, , ,
8.	TOTAL Revenues (Lines 2 to 7)			
	al and Medical:		, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
9.	Hospital/medical benefits		186.605.978	134.099.720
10.	Other professional services			
11.	Outside referrals			
12.	Emergency room and out-of-area			
13.	Prescription drugs			
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)			
	Sublotal (Lines 9 to 15)		233,032,377	170,240,790
Less:	Notaria		700.400	574 040
17.	Net reinsurance recoveries			
18.	TOTAL Hospital and Medical (Lines 16 minus 17)			
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$441,246 cost containment expenses			
21.	General administrative expenses		19,880,364	6,534,075
22.	Increase in reserves for life and accident and health contracts (including \$0 increase in			
	reserves for life only)			
23.	TOTAL Underwriting Deductions (Lines 18 through 22)			
24.	Net underwriting gain or (loss) (Lines 8 minus 23)			
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		, ,	
26.	Net realized capital gains (losses) less capital gains tax of \$0			
27.	Net investment gains (losses) (Lines 25 plus 26)		(165,831)	1,544,796
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			
	\$0) (amount charged off \$0)]			
29.	Aggregate write-ins for other income or expenses			
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24			
	plus 27 plus 28 plus 29)	X X X	11,570,325	16,251,081
31.	Federal and foreign income taxes incurred	X X X		
32.	Net income (loss) (Lines 30 minus 31)	X X X	11,570,325	16,251,081
	LS OF WRITE-INS OTHER HEALTH CARE RELATED REVENUE	VVV	14.000	0.002
0601. 0602.	QAAP TAX			
0603.	MPCA	X X X	(1,067,190)	(723,091)
0698. 0699.	Summary of remaining write-ins for Line 6 from overflow page TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	(4 125 406)	(12 276 610)
0701.	COTALS (Lines 9001 tillough 9003 plus 9096) (Line 9 above)	XXX	(4,123,400)	(12,270,019)
0702.				
0703. 0798.	Summary of remaining write-ins for Line 7 from overflow page			
0799.	TOTALS (Line 0701 through 0703 plus 0798) (Line 7 above)			
1401.				
1402. 1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901. 2902.	LOSS ON SALE OF EQUIPMENT			
2903.				
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	56,953,641	40,751,831
34.	Net income or (loss) from Line 32	11,570,325	16,251,081
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	957,356	(513,549)
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax		
39.	Change in nonadmitted assets	413,062	410,996
40.	Change in unauthorized reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
	44.1 Paid in		
	44.2 Transferred from surplus (Stock Dividend)		
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
	45.1 Paid in		
	45.2 Transferred to capital (Stock Dividend)		
	45.3 Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus		
48.	Net change in capital and surplus (Lines 34 to 47)		
	Capital and surplus end of reporting year (Line 33 plus 48)		
49. DETAI	LS OF WRITE-INS	03,022,033	50,955,041
4701. 4702.	PENSION-RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST	, , ,	53,282
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)	[(71,830)	53,282

annual statement for the year 2009 of the McLaren Health Plan, inc CASH FLOW

	CASH FLOW		
		1 Current Year	2 Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance	269,748,002	205,779,140
2.	Net investment income		
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)	265,714,748	195,131,298
5.	Benefit and loss related payments	224,547,758	160,879,855
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	21,495,404	7,416,113
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses)	20,733	
10.	Total (Lines 5 through 9)	246,063,894	168,295,968
11.	Net cash from operations (Line 4 minus Line 10)	19,650,853	26,835,330
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds		
	12.2 Stocks	633,551	750,753
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		160,036
	12.7 Miscellaneous proceeds	783,357	531,753
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	1,416,908	1,442,542
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds		
	13.2 Stocks	838,564	1,015,938
	13.3 Mortgage loans		
	13.4 Real estate	699,439	208,438
	13.5 Other invested assets		
	13.6 Miscellaneous applications		
	13.7 Total investments acquired (Lines 13.1 to 13.6)	1,538,687	1,224,377
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(121,779)	218,166
	Cash from Financing and Miscellaneous Sources		
16.	Cash provided (applied):		
	16.1 Surplus notes, capital notes		
	16.2 Capital and paid in surplus, less treasury stock		
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)		
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(733,206)	(4,872,337)
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	18,795,868	22,181,158
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year		
	19.2 End of year (Line 18 plus Line 19.1)	93,335,132 .	74,539,264

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		4	0 1		1			7			10
		1	2	3	4	5	6 Federal	7	8	9	10
			Comprehensive					T'0.	T:0.		
			(Hospital	Madiana	Dantal	\/:=:==	Employees	Title	Title	Other	Other
		+	&	Medicare	Dental	Vision	Health	XVIII	XIX	Other	Other
		Total	Medical)	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Health	Non-Health
1.	Net premium income	270,892,395	30,823,274						240,069,121		
2.	Change in unearned premium reserves and reserve for rate credit										
3.	Fee-for-service (net of \$0 medical expenses)										X X X
4.	Risk revenue										X X X
5.	Aggregate write-ins for other health care related revenues	(4,125,406)	(384,954)						(3,740,452)		X X X
6.	Aggregate write-ins for other non-health care related revenues		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
7.	1 0 17 12 110 10 10 10 10 10 10 10 10 10 10 10 10	266,766,990	30,438,320						236,328,670		
8.	Hospital/medical benefits	186,605,978	25,825,850						160,780,128		X X X
9.	•	2,722,350	460,724						2,261,627		X X X
10.	Outside referrals										X X X
11.		13,509,831	1,901,254						11,608,578		X X X
12.	Prescription drugs	27,208,906	3,788,426						23,420,480		X X X
13.	Aggregate write-ins for other hospital and medical										X X X
14.	Incentive pool, withhold adjustments and bonus amounts	3,605,311	382,174						3,223,137		X X X
15.	Subtotal (Lines 8 to 14)	233,652,377	32,358,427						201,293,950		X X X
16.	Net reinsurance recoveries	708,136	259,670						448,467		X X X
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	232,944,241	32,098,757						200,845,483		X X X
18.	Non-health claims (net)		x x x	X X X	x x x	x x x	X X X	X X X	x x x	X X X	
19.	Claims adjustment expenses including \$441,246 cost										
	containment expenses	2,206,229	621,472						1,584,757		
20.	•	19.880.364	3.544.865						16.335.498		
21.	Increase in reserves for accident and health contracts										XXX
22.	Increase in reserves for life contracts		x x x	X X X	X X X	X X X	X X X	X X X	x x x	X X X	
23.	TOTAL Underwriting Deductions (Lines 17 to 22)	255,030,834	36,265,095						218,765,739		
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	11,736,156	(5,826,775)						17.562.931		
	ILS OF WRITE-INS	11,700,100	(0,020,110)						17,002,001		
0501.	Other Health Care Related Revenue	14.692	I		Ī				14.692		x x x
0501.		(3.072.907)	(384.954)						(2.687.953)		XXX
0502.		(3,072,907)	(304,934)						(2,067,933)		XXX
0503.		(1,007,190)							[(1,007,190)		XXX
		(4,125,406)	(384,954)						(3,740,452)		
0599.		, , , ,	,						,		XXX
0601.			X X X	X X X	X X X	XXX	X X X	X X X	X X X	X X X	
0602.			X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
0603.			X X X	X X X	XXX	XXX	X X X	X X X	X X X	X X X	
0698.				XXX	XXX	X X X	X X X	XXX	X X X	X X X	
0699.	, , , ,		X X X	X X X	X X X	X X X	X X X	X X X	X X X	X X X	
1301.											X X X
1302.											X X X
1303.									.		X X X
1398.	, , , , , , , , , , , , , , , , , , , ,										X X X
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										X X X

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PART 1 - PREMIUMS

		1	2	3	4
					Net Premium
					Income
		Direct	Reinsurance	Reinsurance	(Columns
	Line of Business	Business	Assumed	Ceded	1 + 2 - 3)
1.	Comprehensive (hospital and medical)	31,489,618		666,344	30,823,274
2.	Medicare Supplement				
3.	Dental only				
4.	Vision only				
5.	Federal Employees Health Benefits Plan				
6.	Title XVIII - Medicare				
7.	Title XIX - Medicaid	240,434,414		313,293	240,121,121
8.	Other health				
9.	Health subtotal (Lines 1 through 8)	271,924,032		979,637	270,944,395
10.	Life				
11.	Property/casualty				
12.	TOTALS (Lines 9 to 11)	271,924,032		979,637	270,944,395

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PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
		Comprehensive (Hospital	Medicare	Dental	Vision	Federal Employees Health	Title XVIII	Title XIX	Other	Other
	Total	& Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Health	Non-Health
Payments during the year:										
1.1 Direct	, ,	28,670,064						190,976,762		
1.2 Reinsurance assumed										
1.3 Reinsurance ceded								154,023		
1.4 Net								190,822,739		
2. Paid medical incentive pools and bonuses	2,883,894	260,662						2,623,232		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct								26,796,279		
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	. 32,640,159	5,843,881						26,796,279		
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year								3,687,135		
6. Net healthcare receivables (a)										
7. Amounts recoverable from reinsurers December 31, current year	249,054	87,590						161,464		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct								19,919,798		
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	23,042,969	3,123,171						19,919,798		
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year								2,623,232		
11. Amounts recoverable from reinsurers December 31, prior year	174,723							174,723		
12. Incurred benefits:										
12.1 Direct		31,390,774						197,853,242		
12.2 Reinsurance assumed										
12.3 Reinsurance ceded										
12.4 Net								197,712,478		
13. Incurred medical incentive pools and bonuses	3,700,223	13,089						3,687,134		

⁽a) Excludes \$.....0 loans or advances to providers not yet expensed.

9

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
		Compre-				Federal				
		hensive				Employees	Title	Title		
		(Hospital	Medicare	Dental	Vision	Health	XVIII	XIX	Other	Other
	Total	& Medical)	Supplement	Only	Only	Benefits Plan	Medicare	Medicaid	Health	Non-Health
Reported in Process of Adjustment:										
1.1 Direct	9,471,972	467,366						9,004,605		
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	9,471,972	467,366						9,004,605		
2. Incurred but Unreported:										
2.1 Direct	23,168,188	5,376,514						17,791,673		
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	23,168,188	5,376,514						17,791,673		
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	32,640,159	5,843,881						26,796,279		
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net								26,796,279		

				Claim Reserv	e and Claim	5	6
		Clai	ims	Liability De	cember 31		
		Paid Durin	g the Year	of Curre	nt Year		
		1	2	3	4		Estimated Claim
		On	On		On		Reserve and
	Line	Claims Incurred	Claims Incurred	On Claims Unpaid	Claims Incurred	Claims Incurred	Claim Liability
	of	Prior to January 1	During the	December 31 of	During the	in Prior Years	December 31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1 + 3)	Prior Year
1.	Comprehensive (hospital and medical)	2,666,852	26,003,212		5,843,881	2,666,852	3,123,170
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only Federal Employees Health Benefits Plan						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid	16,912,389	174,064,373		26,796,279	16,912,389	19,919,799
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	19,579,241	200,067,585		32,640,160	19,579,241	23,042,969
10.	Healthcare receivables (a)						
11.	Other non-health						
12.	Medical incentive pool and bonus amounts	2,883,894			3,700,223	2,883,894	2,883,894
13.	TOTALS (Lines 9 - 10 + 11 + 12)	22,463,135	200,067,585		36,340,383	22,463,135	25,926,863

⁽a) Excludes \$.....0 loans or advances to providers not yet expensed.

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Grand Total

Section A - Paid Health Claims

	OCCIONAL TAIGNOOM											
		Cumulative Net Amounts Paid										
	Year in Which Losses	1	2	3	4	5						
	Were Incurred	2005	2006	2007	2008	2009						
1.	Prior	11,987	11,987	11,987	11,987	11,987						
2.	2005	75,125	91,135	91,135	91,135	91,135						
3.	2006	X X X	84,034	98,347	98,347	98,347						
4.	2007	X X X	X X X	124,176	138,862	138,862						
5.	2008	X X X	X X X	XXX	146,048	168,511						
6.	2009	X X X	X X X	X X X	X X X	200,067						

Section B - Incurred Health Claims

	occion E					
		Sum of Cumulati	ve Net Amount Paid a	nd Claim Liability, Clai	m Reserve and Medic	al Incentive Pool
			and Bonu	ses Outstanding at Er	nd of Year	
	Year in Which Losses	1	2	3	4	5
	Were Incurred	2005	2006	2007	2008	2009
1.	Prior	11,987	11,987	11,987	11,987	11,987
2.	2005	75,125	91,291	91,135	91,135	91,135
3.	2006		101,758	98,347	98,347	98,347
4.	2007	X X X	X X X	141,166	138,862	138,862
5.	2008	X X X	X X X	X X X	171,975	168,511
6.	2009	X X X	X X X	X X X	X X X	236,408

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2005	108,955	91,135	228	0.250	91,363	83.854			91,363	83.854
2.	2006	122,778	98,347	271	0.276	98,618	80.322			98,618	80.322
3.	2007	167,083	138,862	1,262	0.908	140,124	83.865			140,124	83.865
4.	2008	205,853	168,511	2,028	1.204	170,539	82.845			170,539	82.845
5.	2009	272,218	200,067	1,853	0.926	201,920	74.176	36,341	579	238,840	87.739

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Hospital and Medical

Section A - Paid Health Claims

	GOOGIOTI A T AIA TIGATII										
		Cumulative Net Amounts Paid									
	Year in Which Losses	1	2	3	4	5					
	Were Incurred	2005	2006	2007	2008	2009					
1.	Prior										
2.	2005										
3.	2006	X X X	72	113	113	113					
4.	2007	X X X	X X X	5,474	6,564	6,564					
5.	2008	x x x	x x x	x x x	11,106	14,033					
6.	2009	X X X	X X X	X X X	X X X	26,003					

Section B - Incurred Health Claims

	Occion E	illouillou illo						
		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool						
	and Bonuses Outstanding at End of Year							
	Year in Which Losses	1	2	3	4	5		
	Were Incurred	2005	2006	2007	2008	2009		
1.	Prior							
2.	2005							
3.	2006	X X X	188	113	113	113		
4.	2007	X X X	X X X	7,109	6,564	6,564		
5.	2008	X X X	X X X	X X X	14,490	14,033		
6.	2009	X X X	X X X	X X X	X X X	31,847		

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1) Percent
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1.	2005										
2.	2006	213	113			113	53.052			113	53.052
3.	2007	6,062	6,564	76	1.160	6,640	109.537			6,640	109.537
4.	2008	15,267	14,033	571	4.068	14,604	95.656			14,604	95.656
5.	2009	31,784	26,003	526	2.023	26,529	83.467	5,844	104	32,477	102.180

12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision OnlyNONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP NONE
12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Title XVIII-Medicare NONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Title XVIII-Medicare NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Title XVIII-Medicare NONE

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Title XIX - Medicaid

Section A - Paid Health Claims

	Goodon 71 Tala Hoadin Glaimo											
		Cumulative Net Amounts Paid										
	Year in Which Losses	1	2	3	4	5						
	Were Incurred	2005	2006	2007	2008	2009						
1.	Prior	11,987	11,987	11,987	11,987	11,987						
2.	2005	75,125	91,135	91,135	91,135	91,135						
3.	2006	X X X	83,962	98,234	98,234	98,234						
4.	2007	X X X	X X X	118,702	132,298	132,298						
5.	2008	X X X	X X X	X X X	134,942	154,478						
6.	2009	X X X	X X X	X X X	X X X	174,064						

Section B - Incurred Health Claims

	Occion D - incurred ricalin olaling										
		Sum of Cumulati			im Reserve and Medic	al Incentive Pool					
			and Bonu	ses Outstanding at Er	nd of Year						
	Year in Which Losses	1	2	3	4	5					
	Were Incurred	2005	2006	2007	2008	2009					
1.	Prior	11,987	11,987	11,987	11,987	11,987					
2.	2005	75,125	91,291	91,135	91,135	91,135					
3.	2006	X X X	101,570	98,234	98,234	98,234					
4.	2007	X X X	X X X	134,057	132,298	132,298					
5.	2008	X X X	X X X	X X X	157,485	154,478					
6.	2009	X X X	X X X	X X X	X X X	204,561					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio

		1	2	3	4	5	6	7	8	9	10
						Claim and				Total Claims	
	Years in Which			Claim		Claim Adjustment				and Claims	
	Premiums were			Adjustment		Expense			Unpaid Claims	Adjustment	
	Earned and Claims	Premiums	Claims	Expense	(Col. 3/2)	Payments	(Col. 5/1)	Claims	Adjustment	Expense Incurred	(Col. 9/1)
	were Incurred	Earned	Payments	Payments	Percent	(Col. 2 + 3)	Percent	Unpaid	Expenses	(Col. 5 + 7 + 8)	Percent
1. 200	5	108,955	91,135	228	0.250	91,363	83.854			91,363	83.854
2. 200	6	122,565	98,234	271	0.276	98,505	80.370			98,505	80.370
3. 200	7	161,021	132,298	1,185	0.896	133,483	82.898			133,483	82.898
4. 200	8	190,586	154,478	1,457	0.943	155,935	81.819			155,935	81.819
5. 200	9	240,434	174,064	1,327	0.763	175,391	72.948	30,497	475	206,363	85.829

12	Underwriting Invest Exh Pt 2C Sn A - Paid Claims - OtherNONE
12	Underwriting Invest Exh Pt 2C Sn B - Incur Claims - Other NONE
12	Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Other NONE
13	Underwriting Invest Exh Pt 2D - A & H ReserveNONE

PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustme	ent Expenses	3	4	5
		1	2			
		Cost	Other Claim	General		
		Containment	Adjustment	Administrative	Investment	
			-			T-4-1
		Expenses	Expenses	Expenses	Expenses	Total
1.	Rent (\$1,108,996 for occupancy of own building)					
2.	Salaries, wages and other benefits					
3.	Commissions (less \$0 ceded plus \$0 assumed)	51,448	205,791	861,189		1,118,427
4.	Legal fees and expenses	1,870	7,481	31,306		40,657
5.	Certifications and accreditation fees					
6.	Auditing, actuarial and other consulting services					
7.	Traveling expenses					
8.	Marketing and advertising					
9.	Postage, express and telephone					
9. 10.	Printing and office supplies					
11.	Occupancy, depreciation and amortization					
12.	Equipment					
13.	Cost or depreciation of EDP equipment and software					
14.	Outsourced services including EDP, claims, and other services					
15.	Boards, bureaus and association fees					
16.	Insurance, except on real estate	2,818	11,271	47,168		61,257
17.	Collection and bank service charges	2,132	8,527	35,682		46,340
18.	Group service and administration fees					
19.	Reimbursements by uninsured plans					
20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses					
22.	•					· ·
	Real estate taxes					
23.	Taxes, licenses and fees:			40 404 000		40 404 000
	23.1 State and local insurance taxes					
	23.2 State premium taxes					
	23.3 Regulator authority licenses and fees					
	23.4 Payroll taxes					
	23.5 Other (excluding federal income and real estate taxes)					
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses					
26.	TOTAL Expenses Incurred (Lines 1 to 25)	441.246	1.764.983	19.880.364	1.377.702	(a) 23.464.295
27.	Less expenses unpaid December 31, current year					
28.	Add expenses unpaid December 31, prior year					
29	Amounts receivable relating to uninsured plans, prior year			1,100,000		1,100,000
30.						
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus	444.040	4 704 000	40 204 000	4 077 700	00 045 047
	30)	441,246	1,764,983	19,361,086	1,377,702	22,945,017
	ILS OF WRITE-INS	1				
2501.						
2502.						
2503.						
2598.	Summary of remaining write-ins for Line 25 from overflow page	<u></u>	·····	<u></u>	<u></u>	<u></u>
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)					

⁽a) Includes management fees of \$..............0 to affiliates and \$...............0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	EXHIBIT OF NET INVESTMENT INCOM	/ · · · · · · · · · · · · · · · · · · ·	
		1	2
		Collected	Earned
<u></u>		During Year	
1.	U.S. Government bonds	` '	
1.1	Bonds exempt from U.S. tax	` '	
1.2	Other bonds (unaffiliated)		
1.3	Bonds of affiliates		
2.1	Preferred stocks (unaffiliated)		
2.11	Preferred stocks of affiliates		
2.2	Common stocks (unaffiliated)	205,093	185,599
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d) 1,137,996	1,137,996
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 292,822	235,615
7.	Derivative instruments		
8.	Other invested assets	\ '	
9.	Aggregate write-ins for investment income		
10.	Total gross investment income		
11.	Investment expenses		
12.	Investment taxes, licenses and fees, excluding federal income taxes		,
13.	Interest expense		
14.	Depreciation on real estate and other invested assets		` '
15.	Aggregate write-ins for deductions from investment income		` '
16.	Total deductions (Lines 11 through 15)		
17.	Net Investment income (Line 10 minus Line 16)		
	S OF WRITE-INS		(0,200)
0901.	S OF THE INC		
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)		
1501.	TO TALES (Ellies 000 T tillough 0000 plus 0000) (Ellie 0, above)		
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15, above)		
	des \$0 accrual of discount less \$0 amortization of premium and less \$0 paid for		
(b) Inclu (c) Inclu (d) Inclu (e) Inclu (f) Inclu (g) Inclu segre (h) Inclu	des \$	accrued dividends of accrued interest on cumbrances. accrued interest on	n purchases. purchases. purchases.

EXHIBIT OF CAPITAL GAINS (LOSSES)

EXHIBIT OF CAPITAL GAINS (LOSSES)									
		1	2	3	4	5			
				Total Realized		Change in			
		Realized Gain		Capital Gain	Change in	Unrealized Foreign			
		(Loss) on Sales	Other Realized	(Loss)	Unrealized Capital	Exchange Capital			
		or Maturity	Adjustments	(Columns 1 + 2)	Gain (Loss)	Gain (Loss)			
1.	U.S. Government bonds								
1.1	Bonds exempt from U.S. tax								
1.2	Other bonds (unaffiliated)								
1.3	Bonds of affiliates								
2.1	Preferred stocks (unaffiliated)								
2.11	Preferred stocks of affiliates								
2.2	Common stocks (unaffiliated)	(156,908)		(156,908)	697,629				
2.21	Common stocks of affiliates				259,727				
3.	Mortgage loans								
4.	Real estate								
5.	Contract loans								
6.	Cash, cash equivalents and short-term investments								
7.	Derivative instruments								
8.	Other invested assets								
9.	Aggregate write-ins for capital gains (losses)								
10.	Total capital gains (losses)	(156,908)		(156,908)	957,356				
DETA	DETAILS OF WRITE-INS								
0901									
0902									
0903									
0998	Summary of remaining write-ins for Line 9 from overflow page								
0999	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)								

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE MCLAREN HEALTH PLAN, INC EXHIBIT OF NONADMITTED ASSETS

	EXHIBIT OF NONADMITTED	1	2	3
			_	Change in Total
		Current Year Total	Prior Year Total	Nonadmitted Assets
		Nonadmitted Assets	Nonadmitted Assets	(Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
•	2.2 Common stocks	94,639	135,973	41,334
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
_	4.3 Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term			
	investments (Schedule DA)			
6.	Contract loans			
7.	Other invested assets (Schedule BA)			
8.	Receivables for securities			
9.	Aggregate write-ins for invested assets	364,247	993,100	628,854
10.	Subtotals, cash and invested assets (Lines 1 to 9)			
11.	Title plants (for Title insurers only)			
12.	Invested income due and accrued			
13.	Premium and considerations:			
	13.1 Uncollected premiums and agents' balances in the course of collection			
	13.2 Deferred premiums, agents' balances and installments booked but deferred and			
	not yet due			
	13.3 Accrued retrospective premiums			
14.	Reinsurance:			
	14.1 Amounts recoverable from reinsurers			
	14.2 Funds held by or deposited with reinsured companies			
	14.3 Other amounts receivable under reinsurance contracts			
15.	Amounts receivable relating to uninsured plans			
16.1	Current federal and foreign income tax recoverable and interest thereon			
16.2	Net deferred tax asset			
17.	Guaranty funds receivable or on deposit			
18.	Electronic data processing equipment and software			
19.	Furniture and equipment, including health care delivery assets	433,077	196,998	(236,078)
20.	Net adjustment in assets and liabilities due to foreign exchange rates			
21.	Receivables from parent, subsidiaries and affiliates	12,702	4,569	(8,133)
22.	Health care and other amounts receivable			
23.	Aggregate write-ins for other than invested assets			
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell			
	Accounts (Lines 10 to 23)	942,113	1,355,175	413,062
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
26.	Total (Lines 24 and 25)			
DETAI	LS OF WRITE-INS	,	, ,	,
0901.	INTANGIBLE ASSET - PHP	109,749	197,986	88,237
0902.	INVENTORY			
0903.	DEFERRED CHARGES EQUIP FEES			, ,
0998.	Summary of remaining write-ins for Line 9 from overflow page			
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)			628,854
2301.	To the Center over through coop place coop (Elife a above)			
2302.				
2303.				
2398.	Summary of remaining write-ins for Line 23 from overflow page			

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

		Total Members at End of					
		1	2	3	4	5	Current Year
		Prior	First	Second	Third	Current	Member
	Source of Enrollment	Year	Quarter	Quarter	Quarter	Year	Months
1.	Health Maintenance Organizations	64,484	67,296	70,303	72,577	76,318	846,729
2.	Provider Service Organizations						
3.	Preferred Provider Organizations						
4.	Point of Service	6,828	7,670	7,933	8,646	10,560	102,403
5.	Indemnity Only						
6.	Aggregate write-ins for other lines of business						
7.	TOTAL		74,966		81,223	86,878	949,132
DETAIL	LS OF WRITE-INS						
0601.							
0602.							
0603.							
0698.	Summary of remaining write-ins for Line 6 from overflow page						
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

McLaren Health Plan, Inc December 31, 2009

- 1. Summary of Significant Accounting Policies
 - A. The financial statements of McLaren Health Plan are presented on the basis of accounting practices prescribed or permitted by the Michigan Office of Financial and Insurance Services. The statements have been completed in accordance with NAIC <u>Accounting Practices and Procedures Manual</u> except to the extent that Michigan law differs.
 - B. Preparation of financial statements in conformity with the Annual Statement Instructions and Accounting Practices and Procedures Manual requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, disclosures of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from these estimates. Significant estimates exist relating to accrued health care costs. These estimates are actuarially determined and represent the Plan's best estimate of the level of claims to be paid applicable to 2009 or prior periods. Any future adjustments to these amounts will affect the reported results in the future periods.
 - C. (1) Beginning with the 1st qtr 2008 report, short-term investments now includes the JPMorgan US Govt Mny Mkt Fd Capital that was previously listed under common stock on the 2007 annual statement.

Short-term investments are all highly liquid investments purchased with an original maturity of three months or less, are treated as cash equivalents. Stated at market value.

- (2) Bonds: None
- (3) Common Stock:

Equity Index Mutual Fund held with JPMorgan Chase, stated at fair market value.

Short Duration Mutual Bond Fund Ultra Class held with JPMorgan Chase, stated at fair market value.

- (4) Preferred Stock: None
- (5) Mortgage Loans: None
- (6) Loan-Backed Securities: None
- (7) Investments in Subsidiaries, Controlled and Affiliated Companies: The Plan is the Parent Corporation of Health Advantage, Inc., a licensed Michigan TPA. The Plan carries Health Advantage, Inc., at SSAP equity basis.
- (8) Investments in Joint Ventures, Partnerships, and Limited Liability Companies: None
- (9) Derivatives: None
- (10) Anticipated investment income is not a factor in the premium deficiency calculation.
- (11) Estimates of Liabilities for losses and loss/claim adjustment expenses are made by our independent actuary and are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principals, are based on actuarial assumptions relevant to contract provisions, and include appropriate provision for all actuarial terms that ought to be established.

Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss/lag reports, based on past experience, for losses incurred but not reported. The methods for making such estimates and for establishing the resulting liability, are continually reviewed and any adjustments are reflected in the period determined.

(12) Capitalization policy and the resultant predefined thresholds did not change from the prior period.

(13) Pharmaceutical rebates receivables are derived from actual confirmed receipts from the PBM.

2. <u>Accounting Changes and Corrections of Errors</u>

A. The investment in JPMorgan US Govt Mny Mkt Fd Capital was inappropriately classified on the 2007 annual statement as common stock. Beginning with the 1st qtr 2008, the investment is now listed as a short term investment.

3. <u>Business Combinations and Goodwill</u>

None

4. <u>Discontinued Operations</u>

None

5. Investments

- A. Mortgage Loans, including Mezzanine Real Estate Loans: None
- B. Debt Restructuring: None
- C. Reverse Mortgages: None
- D. Loan-Backed Securities: None
- E. Repurchase Agreements: None
- F. Real Estate: None
- G. Low-Income Housing Tax Credits (LIHTC): None

6. <u>Joint Ventures, Partnerships and Limited Liability Companies</u>

None

7. <u>Investment Income</u>

Non admitted / Excluded = None

8. Derivative Investments

None

9. Income Taxes

None (Plan was awarded tax-exempt status by the IRS beginning 1/1/2000)

10. <u>Information Concerning Parent, Subsidiaries and Affiliates</u>

A. McLaren Health Care Corporation (MHCC), a Michigan non-profit corporation and holding company of various health care entities, is the sole parent of McLaren Health Plan and provided to McLaren Health Plan Gross paid in and contributed surplus of \$1,140,000.

McLaren Regional Medical Center (MRMC).

Provider HealthNet Services (PHNS).

Health Advantage Inc. (HAI), a wholly owned subsidiary of McLaren Health Plan.

- B. Transactions: None
- C. Transactions: None
- D. Due from Affiliates: \$728,530: amounts due from affiliate for administrative services and information system operations support. The amounts are settled monthly.

Due to Affiliates: \$910,354: amounts due to affiliate per contract for various administrative support, including personnel and information system operations support. The amounts are settled monthly.

- E. Guarantees or undertakings: None
- F. Management Agreements between:
 - 1) McLaren Health Plan and McLaren Health Care Corporation: McLaren Health Care Corporation agrees to provide certain

operational services and other resources to McLaren Health Plan: \$690,418.

- 2) McLaren Health Plan and MRMC: MRMC agrees to provide certain accounting / resource services to McLaren Health Plan: \$5,633.
- 3) McLaren Health Plan and PHNS: PHNS agrees to provide certain information technology and telephony services to McLaren Health Plan: \$117,914.
- 4) McLaren Health Plan and HAI: McLaren Health Plan agrees to provide certain operational, personnel services and other resources to HAI: \$4,370,942.
- G. Control relationship: None
- H. Upstream/downstream activity: None
- I. Investment in SCA: None
- J. Investments in impaired SCA: None
- K. Investment in foreign insurance subsidiary: None
- L. Investment in downstream noninsurance holding company: None

11. <u>Debt</u>

None

- 12. <u>Retirement Plans, Deferred Compensation, Post employment Benefits and Compensated Absences and Other Postretirement Benefit Plans</u>
 - A. Defined Benefit Plan See D Below
 - B. Defined Contribution Plans:

McLaren Health Plan employees hired on or after October 1, 2004 will be covered by a qualified defined contribution pension plan sponsored by McLaren Health Plan. Vesting period for contribution matching by McLaren Health Plan is 2 years. In 2009, the employer contribution was \$50,020.

- C. Multiemployer Plans: None
- D. Consolidated/Holding Company Plans:

McLaren Health Plan is a wholly owned subsidiary of McLaren Health Care Corporation, which sponsors a defined benefit pension plan covering substantially all of McLaren Health Plan employees whose employment began prior to Oct 1, 2004. The benefits under the plan are based on years of service and the employee's termination of employment. The plan has no legal obligation for benefits under this plan. The funding policy is to contribute annually an amount in accordance with the standards of the Employee Retirement Income Security Act of 1974. Contributions are intended to provide not only the benefits attributed to services to date, but also those expected to be earned in the future. The Plan's 2009 pension expense amount was \$201,373.

- E. Post employment Benefits and Compensated Absences: They are accrued.
- F. The impact of Medicare Moderization Act on Post Retirement Benefits are not reflected in the financial statements or accompanying notes.
- 13. <u>Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations</u>
 - (1) Capital stock: None
 - (2) Preferred stock: None
 - (3) Dividend restrictions: The Commissioner (State of Michigan) shall consider the following factors regarding dividends:
 - (a.) The adequacy of the level of surplus as regards policyholders remaining after the dividend payment(s);

- (b.) The quality of the Plan's earnings and the extent to which the reported earnings include extraordinary items, such as surplus relief insurance transactions and reserve destrengthening;
- (c.) The quality and liquidity of investments in subsidiaries;
- (d.) If the Commissioner determines that the Plan's surplus as regards policyholders is not reasonable in relation to the Plan's outstanding liabilities and is not adequate to its financial needs, the commissioner shall limit or disallow the payment of shareholder dividends
- (e.) Dividends shall be declared or paid only from earned surplus, unless approved by the Commissioner.
- (4) Date and amount of dividends issued: None
- (5) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- (6) Restrictions placed on surplus: None
- (7) Advances of surplus not paid: None
- (8) Amount of stock held for special purposes: None
- (9) Special surplus funds: None
- (10) Unassigned funds (surplus) represented or reduced: None
- (11) Surplus notes: None
- (12) Quasi-reorganization: None
- (13) Quasi-reorganization: None
- 14. <u>Contingencies</u>
 - A. Contingent Commitments: None
 - B. Assessments: None
 - C. Gain Contingencies: None
 - D. Claims related extra contractual obligations and bad faith losses stemming from lawsuits: None
 - E. All Other Contingencies

The Plan is susceptible to various legal actions related to Plan activities. Management is of the opinion that no litigation matters are outstanding or pending that will have a material effect on its financial position or results of operations.

15. <u>Leases</u>

None

16. <u>Information About Financial Instruments With Off-Balance Sheet Risk and Financial</u> Instruments With Concentrations of Credit Risk

None

- 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities
 - A. Transfers of Receivables Reported as Sales. None.
 - B. Transfer and Servicing of Financial Assets. None
 - C. Wash Sales. None
- 18. <u>Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans</u>

None

19. <u>Direct Premium Written/Produced by Managing General Agents/Third Party Administrators</u>

None

20. Other Items

- A. Extraordinary Items: None
- B. Troubled Debt Restructuring: Debtors: None
- C. Other Disclosures: NoneD. Balance uncollectible for assets covered by SSAP No. 6. :none
- E. Business Interruption Insurance Recoveries: None
- State Transferable Tax Credits: None
- G. Subprime Mortgage Related Risk Exposure: None

21. **Events Subsequent**

The Plan had no events occurring subsequent to the close of the books or accounts for this statement that may have a material effect on the financial condition of the Plan.

22. Reinsurance

A. Ceded Reinsurance Report

Section 1-General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?
- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? No.

Section 2 - Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credit? No.
- **(2)** Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits form other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? No.

Section 3 - Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of payment or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business in making this estimate. None.
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? No.
- B. Uncollectible Reinsurance

None

C. Commutation of Ceded Reinsurance

None

- 23. Retrospectively Rated Contracts & Contracts Subject to Redetermination None
- 24. Change in Incurred Claims and Claim Adjustment Expenses None

- 25. <u>Intercompany Pooling Arrangements</u> None
- 26. <u>Structured Settlements</u> Not Applicable
- 27. <u>Health Care Receivables</u>
 - A. Pharmaceutical Rebate Receivables

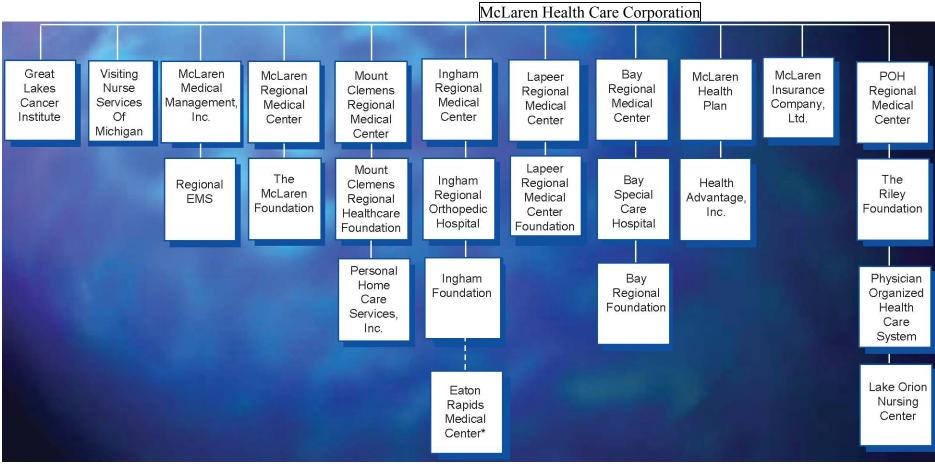
<u>Quarter</u>	<u>_</u> E	stimated Rebate	Confirmed	9	<u>0days</u>		<u>-180</u> ays	>180 days	total received
12/31/2009 9/30/2009 6/30/2009 3/31/2009	\$ \$	<u>-</u> -				\$77,	088.53	\$ - \$ 86,699.80	- - 77,088.53 86,699.80
12/31/2008 9/30/2008 6/30/2008 3/31/2008	\$ \$ \$ \$ \$ \$	- 18,011.00 - - -	\$ 18,011.00			\$88, \$78,	833.02 571.81 368.82 032.27	\$ 91,475.11 \$ 13,306.26 \$ 12,974.43 \$ 75,484.12	114,308.13 101,878.07 91,343.25 85,516.39
12/31/2007 9/30/2007 6/30/2007 3/31/2007	\$ \$ \$	- 36,412.00 395,493.00 395,493.00	\$ 36,412.00 \$395,493.00 \$395,493.00	\$ \$ \$	- - -	\$ \$ \$	- - -	\$ 84,400.59 \$ 47,499.22 \$ 46,548.41 \$104,715.82	84,400.59 47,499.22 46,548.41 104,715.82
12/31/2006 9/30/2006 6/30/2006 3/31/2006	\$ \$ \$	395,493.00 133,414.00 133,414.00 133,414.00	\$395,493.00 \$133,414.00 \$133,414.00 \$133,414.00	\$73, \$ \$ \$	449.18 - - -	\$ \$ \$	- - -	\$ 85,502.04 \$ 77,499.75 \$163,996.58 \$147,857.88	158,951.22 77,499.75 163,996.58 147,857.88
12/31/2005 9/30/2005 6/30/2005 3/31/2005	\$ \$ \$	133,414.00 104,915.00 104,915.00 104,915.00	\$133,414.00 \$104,915.00 \$104,915.00 \$104,915.00	\$ \$ \$	- - -	\$ \$ \$	- - -	\$ 71,717.77 \$128,389.28 \$122,950.04 \$116,248.63	71,717.77 128,389.28 122,950.04 116,248.63

- B. Risk Sharing Receivables None
- 28. <u>Participating Policies</u> None
- 29. <u>Premium Deficiency Reserves</u> None
- 30. <u>Anticipated Salvage and Subrogation</u> None

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



*Non Asset Merger Affiliation Only

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